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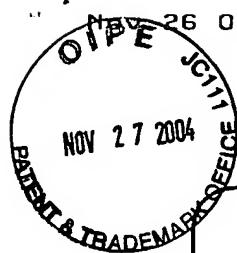
November 26, 2004

hazim@patentmatrix.com

**FAX COVER SHEET**

To:	USPTO FAX NUMBER	From:	HAZIM ANSARI
Fax:	(703) 746-4060	Pages:	5 (INCLUDING COVER)
Phone:		Date:	11/27/2004
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Hazim Ansari

949-753-2875

p. 2

PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

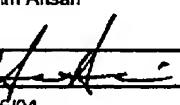
Total Number of Pages in This Submission

Application Number	10797.324
Filing Date	3/10/2004
First Named Inventor	Peter Steven Bui
Art Unit	2811
Examiner Name	Unknown
Attorney Docket Number	UDT103.ORD

ENCLOSURES (Check all that apply)

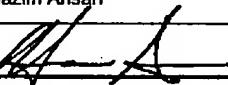
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks APPLICANT REQUESTS AN EXTENSION OF TIME WITHIN THE FIFTH MONTH. AN EXTENSION FEE IS PROVIDED.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hazim Ansari
Signature	
Date	11/26/04

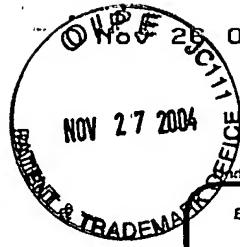
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Hazim Ansari
Signature	
Date	11/26/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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04 07:17p

Hazim Ansari

949-753-2875

p. 4

PTO/SB/17 (11-04)
Approved for use through 07/31/2006, OMB 0651-0032U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$2,260.00)

Complete if Known

Application Number	10/799,324
Filing Date	3/10/04
First Named Inventor	Peter Steven Bui
Examiner Name	UNKNOWN
Art Unit	2811
Attorney Docket No.	UDT103.ORD

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account None

Deposit Account Number:

Deposit Account Name:

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

to the above-identified deposit account.

 Other (please identify): _____

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FEE CALCULATION**1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ _____

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 20 or HP = x =
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 3 or HP = x =
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Subtotal (2) \$ 180.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	2080
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

Subtotal (3) \$ 2080**SUBMITTED BY**

Signature	Hazim Ansari	Registration No. (Attorney/Agent) 40,886	Telephone 703-368-9953
Name (Print/Type)	Date 11/26/04		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/797,324	03/10/2004	Peter Steven Bui	UDT103.ORD

29484
 PATENTMETRIX
 14252 CULVER DR. BOX 914
 IRVINE, CA 92604

CONFIRMATION NO. 4264

FORMALITIES LETTER



OC000000012779850

Date Mailed: 05/26/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Additional claim fees of **\$180** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$180** for a Large Entity

- Total additional claim fee(s) for this application is **\$180**
 - **\$180** for 17 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

11/29/2004 FMETEK1 00000094 10797324 A copy of this notice **MUST** be returned with the reply.

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